05/20/2008 11:44

Image# 28931592361

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 04 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 20 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

American Hospital Association PAC D D D D 0 4 0 1 2008 0.4 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1507360.96 January 1 (b) Cash on Hand at 1336030.27 Begining of Reporting Period 43362.49 270681.14 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1379392.76 1778042.10 6(a) and 6(c) for Column B) 137759.29 536408.63 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1241633.47 1241633.47 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 4

From:

01

^Y 2 0 0 8

To:

м м 0 4 ^D 3^D 0

2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	19527.55	75852.03
	(ii) Unitemized	10813.56	33623.64
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	30341.11	109475.67
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30341.11	109475.67
2.	Transfers From Affiliated/Other Party Committees	7560.33	135260.33
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	5000.00	24000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	461.05	1945.14
18.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43362.49	270681.14
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	43362.49	270681.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating -4465.71 76293.63 Expenditures..... (c) Total Operating Expenditures -4465.71 76293.63 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 141875.00 458625.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 640.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 640.00 (add Lines 28(a), (b), and (c)) 350.00 850.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 137759.29 536408.63 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

137759.29

536408.63

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	30341.11	109475.67
34.	Total Contribution Refunds (from Line 28(d))	0.00	640.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	30341.11	108835.67
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-4465.71	76293.63
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-4465.71	76293.63

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Richard L Allen Mailing Address P O Box 1289 City Manhattan FEC ID number of contributing federal political committee. Name of Employer Mercy Regional Health Center Receipt For: Primary General Other (specify)	State Zip Code KS 66505-1289 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Deborah Frey Stern, RN, JD Mailing Address 3010 Clark Court City Topeka FEC ID number of contributing federal political committee. Name of Employer Kansas Hospital Association Receipt For: Primary General Other (specify)	State Zip Code KS 66604-2660 C Occupation Clinical Services/Legal Counsel Aggregate Year-to-Date 254.81	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Robert P Granger Mailing Address P O Box 7000 City Columbus FEC ID number of contributing federal political committee. Name of Employer St. Francis Hospital Receipt For: Primary General Other (specify)	State Zip Code GA 31908-7000 C Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		504.81

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Ethan James		Date of Receipt
	Mailing Address 1675 Terrell Mill Road		04 / 03 / 2008
	City Marietta	State Zip Code GA 30067	Transaction ID: 15241695
	FEC ID number of contributing federal political committee.	C 30007	Amount of Each Receipt this Period 137.50
	Name of Employer Georgia Hospital Associat- ion	Occupation Director of Grassroots and Advocace	ey
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 437.50	
	Full Name (Last, First, Middle Initial) Mr. G. Lamar Lyle Mailing Address Post Office Box 44		Date of Receipt
	FOST Office Box 44		04 03 2008
	City	State Zip Code	Transaction ID: 15241696
	<u>Dalton</u>	GA 30722-0044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	66.00
	Name of Employer Hamilton Medical Center	Occupation Board Chairman	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 816.00	
	Full Name (Last, First, Middle Initial) Mr. Richard Howerton		Date of Receipt
	Mailing Address 3365 W Paces Ferry 0	Ct NW	04 / 03 / 9 2008
	City	State Zip Code	Transaction ID: 15241716
	Atlanta FEC ID number of contributing federal political committee.	GA 30327-2228	Amount of Each Receipt this Period 250.00
	Name of Employer VHA Georgia, Inc.	Occupation President & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1	453.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 62 (check only one) X 11a
, A	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements mand add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. William T Moore			Date of Receipt
	Mailing Address 3014 Castle Pines Drive City	e State	Zip Code	0 4 0 3 2 0 0 8 Transaction ID: 15241726
	Duluth	GA	30097-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Atlanta Medical Center	Occupatio Chief Exc	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Perry Mustian Mailing Address 139 Bellingham Drive			Date of Receipt
				04 03 2008
	City	State	Zip Code	Transaction ID: 15241728
	Thomasville	GA	31792-8688	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Brooks County Hospital	Occupatio Sr. Vice	n President	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Mr. Gene B Wright			Date of Receipt
-	Mailing Address P O Box 1059			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15241742
	Thomaston	GA	30286-0027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Upson Regional Medical Ce- nter	Occupatio Chief Exc	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	250.00	
Г				750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. O.J. Booker Mailing Address P O Box 1068 City Forsyth FEC ID number of contributing federal political committee. Name of Employer Monroe County Hospital Receipt For: Primary General Other (specify)	State Zip Code GA 31029-1068 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 0 8 Transaction ID: 15241747 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Gerald N Fulks Mailing Address 1514 Vernon Road City Lagrange FEC ID number of contributing federal political committee. Name of Employer West Georgia Health System Receipt For: Primary General Other (specify)	State Zip Code GA 30240-4131 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 0 8 Transaction ID: 15241759 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Brenda Gail Summers Mailing Address 1351 Anthem Court City Charlotte FEC ID number of contributing federal political committee. Name of Employer The Greeley Company Receipt For: Primary General Other (specify)	State Zip Code NC 28205-7981 C Occupation Senior Consultant Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	;	
Full Name (Last, First, Middle Initial) Mr. Daniel Waldmann Mailing Address 801 Pennsylvania A	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER	Date of Receipt
Suite 750	•	04 09 2008
City <u>Washington</u>	State Zip Code DC 20004-2615	Transaction ID: 15338174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer TENET Healthcare Corporat-	Occupation Vice President, Government Relations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr Amos W Carty		Date of Receipt
Mailing Address 9048 Sugar Estate		04 09 2008
City	State Zip Code VI 00802-4001	Transaction ID: 15338177
St Thomas FEC ID number of contributing federal political committee.	VI 00802-4001	Amount of Each Receipt this Period 350.00
Name of Employer Schneider Regional Medical Center	Occupation Chief Operating Officer and General C	Co
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Susan Hanks Marscellas		Date of Receipt
Mailing Address 57 Calera Canyon F	Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15338392
Salinas FEC ID number of contributing federal political committee.	CA 93908-9432	Amount of Each Receipt this Period 350.00
Name of Employer Salinas Valley Memorial Healthcare Sys	Occupation V.P. Marketing and Public Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (ontional)	1050.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb		1050.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 62 (check only one) X
or for con	nation copied from such Reports and St innercial purposes, other than using the OF COMMITTEE (In Full) ican Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. CI	ame (Last, First, Middle Initial) aire Murray g Address 1501 Twelfth Ave.	State	Zip Code	Date of Receipt M M
	rvliet D number of contributing I political committee.	C	12189-2402	Amount of Each Receipt this Period 350.00
<u>se Exe</u> Receip	of Employer ork Organization Nur- ecutives ot For: Primary General Other (specify)		e Director e Year-to-Date ▼	
Ms. Gl	ame (Last, First, Middle Initial) adys Campbell g Address 2220 NW Aspen Avenu	ıe		Date of Receipt 0 4 1 0 2 0 0 8
City		State	Zip Code	Transaction ID: 15346486
	and O number of contributing I political committee.	OR	97210-1219	Amount of Each Receipt this Period 350.00
<u>Nurse</u> Receip	of Employer west Organization of Execut ot For: Primary General Other (specify)		e Director e Year-to-Date ▼ 350.00	
	ame (Last, First, Middle Initial) ter A. Sherlock			Date of Receipt
Mailing	Address 388 Western Avenue			0 4 1 8 2 0 0 8
City		State	Zip Code	Transaction ID: 15348810
FEC I	Brattleboro O number of contributing I political committee.	C	05301-6238	Amount of Each Receipt this Period 500.00
<u>ital</u>	of Employer boro Memorial Hosp-	Occupation Trustee		
	ot For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
SUBTO	FAL of Receipts This Page (optional))	1200.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association P	AC	
Full Name (Last, First, Middle Initial) Ms. Crystal L Haynes		Date of Receipt
Mailing Address P O Box 15250		04 21 2008
City <u>Saint Louis</u>	State Zip Code MO 63110-0250	Transaction ID: 15354211 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Saint Louis University Ho- spital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine		Date of Receipt
Mailing Address 12675 Riviera He	ights Road	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 15354225
Holts Summit FEC ID number of contributing federal political committee.	MO 65043-2039	Amount of Each Receipt this Period 111.12
Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice President, Health Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 444.48	
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith		Date of Receipt
Mailing Address 5612 Tanner Brid	ge Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jefferson City	State Zip Code MO 65101-8275	Transaction ID: 15354239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111.12
Name of Employer Missouri Hospital Associa- tion	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 444.48	
	onal)	722.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
ny information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	g the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft Mailing Address P O Box 256		Date of Receipt 0 4 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 15354242
Ashley	ND 58413-0450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Ashley Medical Center Receipt For: Primary Other (specify)	Occupation Administrator and Chief Executive Offi Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Gail Lovinger		Date of Receipt
Mailing Address 2225 Simpson		04 10 2008
City	State Zip Code	Transaction ID: 15354319
Evanston FEC ID number of contributing federal political committee.	IL 60201-3006	Amount of Each Receipt this Period 350.00
Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Vice President Aggregate Year-to-Date ▼	
Other (specify)	350.00	
Full Name (Last, First, Middle Initial) Mr. Frederick D. Hobby	•	Date of Receipt
Mailing Address 3903 Carrington Di	rive	04 04 2008
City	State Zip Code	Transaction ID: 15354321
Hazel Crest FEC ID number of contributing federal political committee.	IL 60429-1677	Amount of Each Receipt this Period 350.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation President and CEO, Institute for Diver	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (options	al)	800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Thomas C. Dolan, Ph.D., FAC		Date of Receipt
Mailing Address 339 Cottage Hill City	State Zip Code	0 4 1 0 2 0 0 8 Transaction ID: 15354322
<u>Elmhurst</u>	IL 60126-3332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer American College of Healt- hcare Executi Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Ms. Karen J Kellie, , R.N. Mailing Address 3960 Campbell Road		Date of Receipt
·	7.0.1	04 10 2008
City New Meadows	State Zip Code ID 83654-5031	Transaction ID: 15356387 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer McCall Memorial Hospital	Occupation President and Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Patricia R. Goldman		Date of Receipt
Mailing Address 9 Farm Haven Court		04 22 7 2008
City	State Zip Code MD 20852-4231	Transaction ID: 15356396
Rockville FEC ID number of contributing federal political committee.	MD 20852-4231	Amount of Each Receipt this Period 500.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1350.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	1350.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	for the purpose of soliciting contributions
American Hospital Association PAC Full Name (Last, First, Middle Initial)		T
Ms. Kathleen Hoeft Mailing Address P O Box 256		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ashley	State Zip Code ND 58413-0450	Transaction ID: 15356424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ashley Medical Center	Occupation Administrator and Chief Executive Off	i
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Al Allee		Date of Receipt
Mailing Address 319 E Josephine		04 08 2008
City	State Zip Code	Transaction ID: 15360178
Frederick	OK 73542-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Hospital and Phy- sician Group	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stanley F Hupfeld		Date of Receipt
Mailing Address 3366 NW Expresswa	ay, Ste 800	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Oklahoma City	State Zip Code OK 73112-4458	Transaction ID: 15362876
FEC ID number of contributing federal political committee.	OK 73112-4458	Amount of Each Receipt this Period 500.00
Name of Employer INTEGRIS Health	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	· ·	1250.00
TOTAL This Period (last page this line numb	<u> </u>	

copied from such Reports and Stal purposes, other than using the DMMITTEE (In Full) Hospital Association PAC ast, First, Middle Initial) ones 28S 1011 14Th Aveneu Der of contributing all committee. Coloyer tal General specify)	State Zip Code OK 73401 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt Date of Receipt Date of Amount of Each Receipt this Period 250.00
Hospital Association PAC ast, First, Middle Initial) ones ass 1011 14Th Aveneu per of contributing al committee. ployer tal General	OK 73401 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	M M M O B O B O B O B O B O B O C B
per of contributing al committee.	OK 73401 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	M M M O B O B O B O B O B O B O C B
per of contributing al committee.	OK 73401 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Transaction ID: 15362879 Amount of Each Receipt this Period
al committee. ployer tal General	OK 73401 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Amount of Each Receipt this Period
al committee. ployer tal General	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	
oloyer tal , General	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	1
General	Chief Executive Officer Aggregate Year-to-Date ▼ 250.00	1
	250.00	7
		7
		7
ast, First, Middle Initial) Iones, FACHE		Date of Receipt
ess 1904 Windermere Drive	9	04 08 2008
	State Zip Code	Transaction ID: 15362880
	OK 73072-3005	Amount of Each Receipt this Period
per of contributing al committee.	C	875.00
oloyer ospital Associa-	Occupation President	
	Aggregate Year-to-Date ▼	
deneral General Specify) ♥	875.00	
ast, First, Middle Initial) litchell		Date of Receipt
ess 905 South Main		0 4 0 8 2 0 0 8
	State Zip Code	Transaction ID: 15370912
	OK 73858-9205	Amount of Each Receipt this Period
per of contributing al committee.	C	500.00
lover	Occupation Chief Executive Officer	
norial Hospital	Aggregate Year-to-Date ▼	
	500.00	
noyer morial Hospital General specify)	500.00	i .
\I.	oyer orial Hospital General	Chief Executive Officer Aggregate Year-to-Date ▼ General

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Michael Nunamaker		Date of Receipt
	Mailing Address 2220 West Iowa Avenu	Je	04 08 2008
	Chiekasha	State Zip Code OK 73018-2700	Transaction ID: 15370935
	Chickasha FEC ID number of contributing federal political committee.	OK 73018-2700	Amount of Each Receipt this Period 500.00
	Name of Employer Grady Memorial Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Raymond L Replogle Mailing Address 1924 South Utica Aver	nue	Date of Receipt
			04 08 2008
	City Tulsa	State Zip Code OK 74104-6503	Transaction ID: 15370943 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Continuous Care Center of Tulsa	Occupation President and Chief Executive Offic	er
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
- ;.	Full Name (Last, First, Middle Initial) Mr. Scott M. Street		Date of Receipt
	Mailing Address P O Box 2000		0 4
	City	State Zip Code	Transaction ID: 15370945
	Duncan FEC ID number of contributing federal political committee.	OK 73534-2000	Amount of Each Receipt this Period 500.00
	Name of Employer Duncan Regional Hospital	Occupation President and Chief Executive Offic	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Г			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David D Whitaker, , FACHE Mailing Address P O Box 1308 City Norman FEC ID number of contributing federal political committee. Name of Employer Norman Regional Health System Receipt For: Primary General Other (specify)	State Zip Code OK 73070-1308 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Joanne Carrocino, , FACHE Mailing Address 903 Shore Drive City Cape May FEC ID number of contributing federal political committee. Name of Employer Cape Regional Medical Center Receipt For: Primary General Other (specify)	State Zip Code NJ 08204-2234 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M Z D D Z D Z D O S Transaction ID: 15377182 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mr. William C. Schoenhard, FACHE Mailing Address 420 Fairwood Lane City Kirkwood FEC ID number of contributing federal political committee. Name of Employer SSM Health Care Receipt For: Primary General Other (specify)	State Zip Code MO 63122-4429 C Occupation Exec. V.P. & Chief Operating Officer Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and Applications and App	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person the name and address of any political committee to separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 62 (check only one) X
NAME OF COMMITTEE (In Full) American Hospital Association PAC		solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Rocklon B. Chapin Mailing Address 407 East Third Stree	et	Date of Receipt
		04 28 2008
City Duluth	State Zip Code MN 55805-1982	Transaction ID: 15394194
FEC ID number of contributing federal political committee.	C 33603-1962	Amount of Each Receipt this Period 1000.00
Name of Employer St. Mary's/Duluth Clinic Health System Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President & Sr. Officer Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Andrea Kmetz-Sheehy Mailing Address 5805 Mait Lane	1	Date of Receipt
City	State Zip Code	04 28 2008
Edina	MN 55436-1333	Transaction ID: 15394210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation Trustee	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D.		Date of Receipt
Mailing Address 1406 Sixth Avenue I	North	04 28 2008
City Saint Cloud	State Zip Code MN 56303-1900	Transaction ID: 15394221
FEC ID number of contributing federal political committee.	MN 56303-1900	Amount of Each Receipt this Period 500.00
Name of Employer CentraCare Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 62 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kimber Wraalstad Mailing Address P O Box 759		Date of Receipt
City	State Zip Code	0 4 3 0 2 0 0 8 Transaction ID: 15395975
Rolla	ND 58367-0759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Presentation Medical Cent- er	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Marlene J Krein		Date of Receipt
Mailing Address 1031 Seventh Street	t NE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15395976
Devils Lake	ND 58301-2719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mercy Hospital	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Cheryl L. Hoying, Ph.D., RN,		Date of Receipt
Mailing Address 1241 Ashland Avenu	Je	04 30 2008
City <u>Dayton</u>	State Zip Code OH 45420-1503	Transaction ID: 15395977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Cincinnati Children's Hos- pital Medical	Occupation Senior Vice President, Patient Care Se	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1600.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 62 (check only one) X 11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700		M M / D D / Y Y Y Y
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1045726220544
	FEC ID number of contributing federal political committee.	C 20004-2010	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Occupation VP & Chief Washington Counsel Aggregate Year-to-Date 351.00	P/R Deduction (\$39.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr. Mailing Address One North Franklin		Date of Receipt
	City	State Zip Code	Transaction ID: PR1339349920544
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	116.00
	Name of Employer American Hospital Associa- tion	Occupation Account Executive	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 522.00	P/R Deduction (\$58.00 Bi-Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Linda Fishman		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR327629120544
	Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 78.00
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Vice President Federal Relations Aggregate Year-to-Date	
	Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
	DUDTOTAL (Describe This Described)		272.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee t	con for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC		
·	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson		Date of Receipt
	Mailing Address 107 East Lane		M ' M / D ' D / Y ' Y ' Y ' Y
	City	State Zip Code	Transaction ID: PR327727320544
	Lake Barrington	IL 60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMGs	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
	Mailing Address 11004 petersborough D	Prive	M " M / D " D / Y " Y " Y " Y
	City	State Zip Code	Transaction ID: PR327745920544
	Rockville	MD 20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V	M M / D D / Y Y Y Y
	City	State Zip Code	Transaction ID: PR327812020544
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	78.00
	Name of Employer American Organization of Nurse Executi	Occupation Executive Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)
Γ,	SUBTOTAL of Receipts This Page (optional)		234.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	C	_
Full Name (Last, First, Middle Initial) Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street Suite 700	, NW	M M / D D / Y Y Y Y
City Washington	State Zip Code DC 20004-2818	Transaction ID: PR327858020544
FEC ID number of contributing federal political committee.	C 20004-2818	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Political Affairs Aggregate Year-to-Date 351.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. John F. Barry Mailing Address One North Franklin		Date of Receipt
City	State Zip Code	Transaction ID: PR327877820544
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	78.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For:	Occupation Regional Executive Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock		Date of Receipt
Mailing Address 325 Seventh Street Suite 700	, NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328132820544
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (options	l	234.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 62 (check only one) X 11a 11b 11c 12
Any information copied from such Poports and	I Statements may not be sold or used by any pers	an for the purpose of collecting contributions
or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
Mailing Address 204 7th Ave		M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR328136920544
La Grange	IL 60525-6406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa-	Occupation Sr. Vice President, Member Relation	s
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian	1	Date of Receipt
Mailing Address 5545 North Wayne		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328223820544
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00)
Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.		Date of Receipt
Mailing Address 13106 Vingle Lane		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR328224920544
Silver Spring	MD 20906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice President	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)
		234.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16	
Any infor or for cor	mation copied from such Reports and S mmercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.	
\	E OF COMMITTEE (In Full) rican Hospital Association PAC				
	lame (Last, First, Middle Initial) ichard J. Pollack			Date of Receipt	
Mailin	g Address 3475 North Venice Stre	eet		M " M / D " D / Y " Y " Y " Y	
City Arlin	aton	State VA	Zip Code 22207-4446	Transaction ID: PR328260920544 Amount of Each Receipt this Period	
FEC I	ID number of contributing al political committee.	C	LLLOT TITO	78.00	
<u>tion-V</u> Recei	of Employer ican Hospital Associa- Vashingt ipt For:		n e Vice President e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	351.00	P/R Deduction (\$39.00 Bi- Weekly)	
Mr. Ri	lame (Last, First, Middle Initial) ichard H. Wade			Date of Receipt	
Mailin 	g Address 1221 Cavalier Road			M M / D D / Y Y Y Y	
City		State	Zip Code	Transaction ID: PR328310420544	
Arno		MD	21012-2126	Amount of Each Receipt this Period	
	ID number of contributing al political committee.	C		80.00	
Name Amer	e of Employer ican Hospital Associa- Vashingt	Occupatio Sr. Vice	n President, Communications		
	pt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$40.00 Bi- Weekly)	
	lame (Last, First, Middle Initial)			Date of Receipt	
Mailin	g Address 1001 N. Potomac Stree	et		M M / D D / Y Y Y	
City		State	Zip Code	Transaction ID: PR328312720544	
<u>Arlin</u>	gton	VA	22205-1629	Amount of Each Receipt this Period	
	ID number of contributing al political committee.	C		78.00	
Amer <u>tion-V</u>	e of Employer ican Hospital Associa- Vashingt		ice President		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)	
QUIDTO	TAL of Receipts This Page (optional)			236.00	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 62 (check only one) X 11a
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
<u></u>	Mailing Address 325 Seventh Street, NV Suite 700	W		M " M / D " D / Y " Y " Y " Y
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328341820544 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		78.00
<u>t</u>	Name of Employer American Hospital Associa- ion-Washingt Receipt For: Primary General Other (specify)	, '	n Political Action & Grassroot e Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi-Weekly)
1	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court			Date of Receipt
ō	Dity	State	Zip Code	Transaction ID: PR328511820544
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		78.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes. MD			Date of Receipt
N	Mailing Address 1 North Franklin SAtre	et		M M / D D / Y Y Y Y
	Dity Chicago	State IL	Zip Code	Transaction ID: PR329071320544
F	FEC ID number of contributing ederal political committee.	C	60614	Amount of Each Receipt this Period 78.00
<i>t</i>	Name of Employer American Hospital Associa- ion-Chicago Receipt For:		n t & COO, Leadership & Busi e Year-to-Date ▼	ness
	Primary General Other (specify) ▼		351.00	P/R Deduction (\$39.00 Bi- Weekly)
SII	BTOTAL of Receipts This Page (optional)	1		234.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	•)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	THE HAITE AND ACC	areas or arry pointed committee to	Solicit Contributions from Such Contributes.
American Hospital Association PAG	C		
Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
Mailing Address 500 Interstate Bould	evard South		M M / D D / Y Y Y Y
City Nashville	State TN	Zip Code 37210-4634	Transaction ID: PR329215720544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
Mailing Address 4960 138th Cricle V	Vest		M M / D D / Y Y Y Y
City Apple Valley	State MN	Zip Code 55124	Transaction ID: PR330475420544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		78.00
Name of Employer American Hospital Associa-	Occupation	n Executive	
tion-Chicago Receipt For:	_ , ' _ ` _	Year-to-Date ▼	
Primary General Other (specify) ▼		351.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Sr.			Date of Receipt
Mailing Address PO Box 15587			M M / D D / Y Y Y Y
City Austin	State TX	Zip Code 78761-5587	Transaction ID: PR331416020544
FEC ID number of contributing federal political committee.	C	70701-3307	Amount of Each Receipt this Period
Name of Employer American Hospital Associa- tion	Occupation Regional	n Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 522.00	P/R Deduction (\$58.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional			272.00

В.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 62 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAG		
Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
Mailing Address 521 Great Falls St.		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR331533220544
Falls Church	VA 22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
Mailing Address 325 Seventh Street Suite 700	, NW	M " M / D " D / Y " Y " Y " Y
City	State Zip Code	Transaction ID: PR517619720544
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	78.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Rela	ati
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	351.00	P/R Deduction (\$39.00 Bi- Weekly)

SUBTOTAL of Receipts This Page (optional)	•	156.00
TOTAL This Period (last page this line number only)	•	19527.55

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 62 (check only one) 11a 11b 11c X 12 13 14 15 16 17
,	Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠ A .	Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC		Date of Receipt
	Mailing Address 5510 Research Park D	rive	04 14 2008
	City	State Zip Code	Transaction ID: 15337268
	Madison	WI 53725-9038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00359455	1000.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Montana Hospital Association PAC - Federal Fun	d	Date of Receipt
	Mailing Address P.O. Box 5119		04 21 2008
	City	State Zip Code	Transaction ID: 15353662
	<u>Helena</u>	MT 59604-5119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00238782	5000.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	5000.00	
С. С.	Full Name (Last, First, Middle Initial) Georgia Hospital Association		Date of Receipt
	Mailing Address 1675 Terrell Mill Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 15489231
	<u>Marietta</u>	GA 30067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1560.33
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.33	Refunded 5/08
	SUBTOTAL of Receipts This Page (optional)		7560.33
	TOTAL This Period (last page this line number	·	7560.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 62 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Preserving America's Traditions PAC (PATPA Mailing Address 228 South Washingt Suite B-20 City		Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee. Name of Employer	C COC	22314 0383869	Amount of Each Receipt this Period 5000.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 62 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	C	20005	Amount of Each Receipt this Period 461.05
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	e Year-to-Date ▼ 1945.14	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	461.05
TOTAL This Period (last page this line number only)	•	461.05

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ago# 2000 1002002			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
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	Detailed Summary Page	\rightarrow 27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Bennett, Peters and Normington			Transaction ID: 15344493 Date of Disbursement
Mailing Address 1010 Wisconsin Ave, NW Suite 208	I		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City	State Zip Code DC 20007		Amount of Each Disbursement this Period
Purpose of Disbursement			-4875.00
In-Kind to Mitchell (AZ-5). See line 23. Vendor pay Candidate Name	ment reported 3/08.	005 Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	,	In-Kind to Mitchell (AZ-5-). See line 23. Vendor payment reported 3/08.
Full Name (Last, First, Middle Initial)			Transaction ID: 15466648
Merchant Bankcard			Date of Disbursement
Mailing Address 1601 Elm Street			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 0 & 0 \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & 0 & 0 \\ 2 & 0 & 0 & 8 \end{bmatrix} $
,	State Zip Code		Amount of Each Disbursement this Period
	TX 75201		80.00
Purpose of Disbursement Merchant Fees		001	
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Merchant Fees
Full Name (Last, First, Middle Initial)			Transaction ID: 15400770
Merchant Bankcard			Transaction ID: 15466772 Date of Disbursement
Mailing Address 1601 Elm Street			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees		001	189.57
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	76.5	Merchant Fees
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SUBTOTAL of Disbursements This Page (optional) .		>	-4605.43

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 33 / 62 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 15466877 American Express Date of Disbursement o[™] 4 2008 Mailing Address Ste. 001 City State Zip Code Amount of Each Disbursement this Period IL 60679 Chicago 95.14 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 15466977 Citibank, F.S.B. Date of Disbursement o^M 4 18 2008 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 40.08 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	135.22
TOTAL This Period (last page this line number only)	•	-4470.21

Primary

Other (specify)

State:

Bank Fee

	CHEDULE B (FEC Form 3X)	Use separate so			_	R LINE	_		R:				PA	GE	34 /	62	
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۷.	Full Name (Last, First, Middle Initial) Hastings For Congress							rans Date o	of D	isbu	rse	mer					
	Mailing Address P.O. Box 100277							o ^M 4	М		0	^D		ž	o ŏ	8 ^Y	
	City Ft. Lauderdale	State Zip C FL 333					<i>A</i>	Mou	nt o	f Ea	ch	Disk	ourse	-	t this		od
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	Candidate Name Rep. Alcee L. Hastings				ateg Typ	ory/ e											
			2008 General 7				С	ontri	ibut	ion							
_	State: FL District: 23																
3.	Full Name (Last, First, Middle Initial) Lautenberg For Senate							rans Date o		isbu	rse	mer			· · · · ·	V	
	Mailing Address Riverfront Plaza Station PO Box 200596							0 4	IVI	′ L'	Ó	^D	′ L	Ž	0 ď	8 '	
	City Newark	State Zip C NJ 0710					1	Mou	nt o	f Ea	ch	Disk	ourse	men	t this	Perio	od
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	Candidate Name Sen. Frank R. Lautenberg				ateg Typ	ory/ e											
	• 🗎		2008 General				С	ontri	ibut	ion							
 :.	Full Name (Last, First, Middle Initial) Nita Lowey For Congress							rans Date o			rse	mer		11			
	Mailing Address PO Box 271							o ^M 4	М		0	1	/	ž	o ŏ	8 ^Y	
	City White Plains	State Zip C NY 1060					1	lmou	nt o	f Ea	ch	Disk	ourse	men	t this	Perio	od
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American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Friends Of John Boehner						Date			er	153557 ment		,	V	
Mailing Address 7908-I2 Cincinnati Dayto	n Road					0 4	IVI	<u> </u>	0	1 ′	2	o ŏ	8 '	
•	State Zip Code OH 45069					Amou	ınt o	f Eacl	h [Disburse	mer	t this	Perio	d
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	ment For: 2008 Primary X General Other (specify)			⁻ уре		Contr	ibut	tion						
Full Name (Last, First, Middle Initial) Ehlers For Congress Committee Mailing Address PO Box 3340						Date		isburs	er	153555 ment		00	8 ^Y	
,	State Zip Code MI 49501					Amou	ınt o	f Eacl	h [Disburse	mer	t this	Perio	d
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Candidate Name Rep. Vernon J. Ehlers		C		tegory/ ype										
	ement For: 2008 Primary General Other (specify)	1				Contr	ibut	tion						
Full Name (Last, First, Middle Initial) Engel For Congress						Date	of D	isburs	er					
Mailing Address 462 California Road						0 ^M 4	М	/ D	0	1 /	Ž	οŏ	8 ^Y	
	State Zip Code NY 10708					Amou	ınt o	f Eacl	h [Disburse	mer	t this	Perio	d
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<u>/</u>	American Hospital Association PAC												
	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360							isburs				o ŏ 8	Y
	City Prescott	State Zip Code AR 71857				Amou	ınt o	f Each	n Dist	ourse	ment	this P	erio
	Purpose of Disbursement Contribution Candidate Name	744 71667	C	01 ateg	1 gory/	L.					25	500.00	ָ ס
	Rep. Michael A. Ross Office Sought: X House Senate President State: AR District: 04	rrsement For: 2008 X Primary Genera Other (specify) ▼		Тур	oe .	Contr	ibut	tion					
	Full Name (Last, First, Middle Initial) Daniel Webster PAC					Trans Date						٧	Y
	Mailing Address P.O. Box 519					0 4	IVI		0 1	Ĺ	2	0 Ď 8	_
	City Rye Purpose of Disbursement	State Zip Code NH 03870				Amou	int o	f Each	n Disk	ourse	-	this P	
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	Full Name (Last, First, Middle Initial) Matsui For Congress					Trans Date	of D	isburs	emer				
	Mailing Address PO Box 1738					0 4	М	/ D	0 1	/ L	ž	8 0̈́ 0	Y
	City Sacramento	State Zip Code CA 95812				Amou	ınt o	f Each	n Disk	ourse	ment	this P	erio
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	Candidate Name Rep. Doris Matsui			ateo Typ	gory/ be								
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)				
\geq	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial) Arcuri For Congress				Transaction ID: 15355540 Date of Disbursement 0 4 0 1 2 0 0 8
	Mailing Address P.O. Box 8508				
	City Utica	State Zip Code NY 13505			Amount of Each Disbursement this Perio
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	Candidate Name Rep. Michael A. Arcuri			ategory/ Type	
	Office Sought: X House Senate President State: NY District: 24	ement For: 2008 Primary General Other (specify)			Contribution
	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress				Transaction ID: 15344495 Date of Disbursement
	Mailing Address PO Box 23748				04 01 7 2008
	City Tempe	State Zip Code AZ 85285			Amount of Each Disbursement this Perio
	Purpose of Disbursement In-Kind Contribution: Polling Services Candidate Name		_	011 ategory/	4875.00
	Rep. Harry Mitchell			Type	
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	State: AZ District: 05 Full Name (Last, First, Middle Initial) Senate Victory Fund PAC				Transaction ID: 15355665 Date of Disbursement
	Mailing Address 507 Capitol Court NE #100				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20002			Amount of Each Disbursement this Perio
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) David Davis Victory Fund Mailing Address PO Box 781 City Purpose of Disbursement Contribution Candidate Name Rep. Joe Sestak Office Sought: X House Servate PA District: 07 Full Name (Last, First, Middle Initial) Contribution Contribution Condidate Name Rep. Joe Sestak Office Sought: X House Servate President State: PA District: 07 Full Name (Last, First, Middle Initial) State: TA District: 07 Full Name (Last, First, Middle Initial) Contribution Condidate Name Rep. Joe Sestak Office Sought: X House Servate President State: PA District: 07 Full Name (Last, First, Middle Initial) Contribution Condidate Name Rep. Joe Sestak Office Sought: X House Servate President State: PA District: 07 Full Name (Last, First, Middle Initial) Contribution Condidate Name Rep. Joe Sestak Office Sought: X House Servate President State: PA District: 07 Full Name (Last, First, Middle Initial) Contribution Condidate Name Rep. Joe Sestak Office Sought: X House Servate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Addler For Congress Mailing Address 14 Knightswood Drive City Mariton Null District: 03 Disbursement Other (specify) ▼ Contribution Category' Type Contribution	IT	EMIZED DIS	BURSEMEN	ITS	for each	category of the		Г	<u>`</u>	niy c	. ′	X	23		24	Г	25	Г	26
American Hospital Association PAC Full Name (Last, First, Middle Initial) David Davis Victory Fund Mailing Address PO Box 781 City State Zip Code Johnson City TN 37605 Purpose of Disbursement Contribution Candidate Name Rep. Dos Seatak Office Sought: X House President State: TN District: 01 Full Name (Last, First, Middle Initial) Sestak For Congress Mailing Address P.O. Box 16 City McClia Office Sought: X House President State: PA District: 07 Full Name (Last, First, Middle Initial) State: PA District: 07 Full Name (Last, First, Middle Initial) State: PA District: 07 Full Name (Last, First, Middle Initial) Candidate Name Rep. Joe Sestak Office Sought: X House Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Candidate Name Rep. Joe Sestak Office Sought: X House Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Candidate Name Rep. Joe Sestak Office Sought: X House Senate President State: PA District: 07 Full Name (Last, First, Middle Initial) Addier For Congress Mailing Address 14 Knightswood Drive City MarIton NJ 08053 Purpose of Disbursement Contribution Candidate Name Mailing Address 14 Knightswood Drive City State Zip Code NJ 08053 Amount of Each Disbursement this Period Contribution Candidate Name NJ 08053 Amount of Each Disbursement this Period Contribution Contribution Candidate Name NJ 08053 Contribution Contribution Category' Type Contribution Contribution Category' Type Contribution Contribution Category' Type Contribution Contribution Contribution Category' Type Contribution Contribut					Dotalloa	ourillary r ago		t	27		28a		28b		28c		29		30b
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A.	Full Name (Last, First, Middle Initial) Brian Bilbray For Congress							Date o	f Di	sburse	emer	357043 nt			
	Mailing Address 2466 Unicornio Street							0 4	1	^D 2	1 1	/ Y	ž 0 ŏ 8	B Y	
	City Carlsbad		Zip Code 92009					Amour	nt of	Each	Disk	ourseme			_ _
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_	State: CA District: 49														
B.	Full Name (Last, First, Middle Initial) Nita Lowey For Congress							Date o	f Di	sburse	emer				
	Mailing Address PO Box 271							0 4		^D 2	1 1	/ L	ž 0 č 8	3 Y	
	City White Plains		Zip Code 10605					Amour	nt of	Each	Disk	ourseme	nt this F	Period	_
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С.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn							Transa Date o				356942 nt			
	Mailing Address P.O. Box 12567							0 4	1	^D 2	1 D	/ Y	ž 0 č 8	B Y	
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 47 / 62
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	and address of any pointed			on committee
Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress Committee			Transaction ID: 153	
Mailing Address P.O. Box 292			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ý ŽOĎ8 ^Ÿ
	State Zip Code VA 24002		Amount of Each Disb	
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	ment For: 2008 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Sanford D. Bishop Jr. For Congress			Transaction ID: 153	:
Mailing Address P. O. Box 909			0 4 2 1	Ž O Ď 8 Š
,	State Zip Code GA 31902		Amount of Each Disb	
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	State Zip Code GA 31902		Amount of Each Disb	
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E	City Bronxville			State NY	Zip Code 10708				Amou	unt of I	Each I	Disburs			
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Ċ	Candidate Name Rep. Eliot L. E	ngel				Ca	atego	ory/							
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	City Saint Paul			State MN	Zip Code 55108				Amou	unt of I	Each I	Disburs			-
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Ċ	Candidate Name Sen. Norm Co	leman				Ca	atego	ory/							
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American Hospital Association PAC								
Full Name (Last, First, Middle Initial) Citizens For Altmire			Transaction ID Date of Disburs					
Mailing Address P.O. Box 1776			04 / 2	21 4 2008				
City Freedom	State Zip Code PA 15042		Amount of Each	Disbursement this Period				
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Candidate Name Rep. Jason Altmire		Category/ Type						
Office Sought: X House Senate President State: PA District: 04	ement For: 2008 Primary X General Other (specify)		Contribution					
Full Name (Last, First, Middle Initial) Latta For Congress Mailing Address 300 North Main Street			Transaction ID Date of Disburs					
City Bowling Green	State Zip Code OH 43402		Amount of Each	Disbursement this Period				
Purpose of Disbursement Contribution Candidate Name		011 Category/		1000.00				
Mr. Robert Latta Office Sought: Senate President State: OH Disburs	ement For: 2008 Primary X General Other (specify) ▼	Туре	Contribution					
Full Name (Last, First, Middle Initial) Orrin PAC			Transaction ID Date of Disburs					
Mailing Address 175 S. West Temple Su	ite 650		04 / 2	21 7 2008				
City Salt Lake City	State Zip Code UT 84101		Amount of Each	Disbursement this Period				
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)					
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	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress				Transaction ID: 15 Date of Disbursement	
	Mailing Address 200 North Main St.				04 / 22	['] 2008 [']
	City Monticello	State Zip Code IN 47960			Amount of Each Dis	sbursement this Perio
	Purpose of Disbursement Contribution		_	011		1000.00
	Candidate Name Rep. Steve Buyer			ategory/ Type		
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	Full Name (Last, First, Middle Initial) ERIC PAC-Every Republican is Crucial PA	AC .			Transaction ID: 15 Date of Disburseme	ent
	Mailing Address 209 Pennsylvania Avenu	e SE			$\begin{array}{c c} & & \\ \hline & 0 & 4 \\ \end{array} \begin{array}{c c} & & \\ \hline & 2 & 2 \\ \end{array}$	['] 2008 [']
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	Full Name (Last, First, Middle Initial) Cazayoux For Congress Mailing Address P.O. Box 156 City New Roads Purpose of Disbursement Contribution Candidate Name Mr. Donald Cazayoux Office Sought: X House Senate President X		Ca	ategory/	Date of Disburseme	ent Y 2 0 0 8 Sbursement this Perio

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	INE NUMBER: PAGE 53					
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Full Name (Last, First, Middle Initial) A. Allyson Schwartz For Congress			Transaction ID: 15 Date of Disburseme					
Mailing Address P.O. Box 2232			04	['] 2008				
City Jenkintown	State Zip Code PA 19046		Amount of Each Dis	sbursement this Period				
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Full Name (Last, First, Middle Initial) Schakowsky For Congress			Transaction ID: 15 Date of Disburseme					
Mailing Address P.O. Box 5130			04	['] 2008				
City Evanston	State Zip Code IL 60204		Amount of Each Dis	sbursement this Period				
Purpose of Disbursement Contribution Candidate Name Rep. Janice D. Schakowsky		011 Category/		1500.00				
	rsement For: 2008 Primary X General Other (specify)	Туре	Contribution					
Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.			Transaction ID: 15 Date of Disburseme					
Mailing Address P.O. Box 714			04	['] 2008				
City Hackensack	State Zip Code NJ 07602		Amount of Each Dis	sbursement this Period				
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Rep. Steven R. Rothman		Category/ Type						
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Mailing Address 2250 N Rock Rd #118 A			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
City Wichita	State Zip Code KS 67226		Amount of Each Disbursement this Perio
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Rep. Todd Tiahrt	ement For: 2008	Type	
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Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: 15395851 Date of Disbursement
Mailing Address PO Box 775			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
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	ement For: 2008 Primary X General Other (specify)	Туре	Contribution
Full Name (Last, First, Middle Initial) Lee Terry For Congress			Transaction ID: 15395820 Date of Disbursement
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NAME OF COMMITTEE (In Full)			-												
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Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC							Date		isburs	em			, , ,	Y	
Mailing Address 1350 Eye Street, NW Suite 560							0 4		2	2 8	<u> </u>	2	οŏ	3	
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Full Name (Last, First, Middle Initial) Pastor For Arizona Mailing Address PO Box 6554						Transaction ID: 15395783 Date of Disbursement O 4							3 ^Y		
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<u>/</u>	Full Name (Last, First, Middle Initial) Lautenberg For Senate				Transaction ID: 15395856 Date of Disbursement
	Mailing Address Riverfront Plaza St PO Box 200596	ation			$\begin{bmatrix}\begin{smallmatrix}M&A&M\\O&A&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&D&D\\D&B&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&D&Y\\D&D&D&N\end{smallmatrix}\end{bmatrix}^{\prime}$
	City Newark	State Zip Code NJ 07102	e		Amount of Each Disbursement this Period
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	Candidate Name Sen. Frank R. Lautenberg	ahura amant Farr		ategory/ Type	
	Office Sought: House D	sbursement For: 200 Primary X Ge Other (specify)	_		Contribution
	Full Name (Last, First, Middle Initial) Lautenberg For Senate				Transaction ID: 15395858 Date of Disbursement
	Mailing Address Riverfront Plaza St PO Box 200596	ation			$\begin{bmatrix}\begin{smallmatrix}M&A&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&B\\2&8\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&N&N\\2&0&0&8&N\end{smallmatrix}\end{bmatrix}$
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	Office Sought: House X Senate President State: NJ District:	sbursement For: 200 X Primary Ge Other (specify)	8 neral		Contribution
	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin				Transaction ID: 15395854 Date of Disbursement
	Mailing Address 10 G Street Ne, Su	ite 470			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & B \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & O & B \end{bmatrix} $
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	Candidate Name Sen. Carl Levin	sbursement For: 200 Primary X Ge Other (specify)	8		Contribution

Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	for each category of the (che	R LINE NUMBER: PAGE 57 / 62 ck only one) 21b 22
NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin Mailing Address 10 G Street Ne, Suite 470 City State Zip Code DC 20002 Purpose of Disbursement Contribution Cardidate Name Sen. Carl Levin Mailing Address PO Box 1801 City State: MI District: Full Name (Last, First, Middle Initial) Lindsey Graham For Senate Mailing Address PO Box 521048 Suite AD Bussursement For: 2008 Mailing Address PO Box 521048 Suite AD Bussursement For: 2008 Mailing Address PO Box 521048 Suite A State Zip Code Contribution Office Sought: Y Box 521048 Suite A State Zip Code Contribution Office Sought: X Benate Primary A General Contribution Office Sought: X Senate Primary A General Contribution Office Sought: X House Suite A Suite		Detailed Carrinnary 1 age	27 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)								
American Hospital Association PAC								
Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress			Transaction ID: 15 Date of Disburseme	ent				
Mailing Address P.O. Box 696			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	['] 2008 [']				
City Madison	State Zip Code WI 53701		Amount of Each Di	sbursement this Period				
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Candidate Name Rep. Tammy Baldwin		Category/ Type						
	ement For: 2008 Primary General Other (specify)		Void of 1/08 Che	ck				
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Matheson For Congress			Date of Disburseme	ent				
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAGE	C			
	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congres Mailing Address P.O. Box 11519	s		Transaction ID: 15487059 Date of Disbursement	
	City Charleston Purpose of Disbursement Void of 3/08 check Candidate Name	State Zip Code WV 25339	011 Category/	Amount of Each Disbursement this Period -2000.00	
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	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)			Transaction ID: 15487031		
	Fund for Political Education			Date of Disbursement		
	Mailing Address 325 Seventh Street, NW Suite 700			04 18 7 2008		
	City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period		
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	Candidate Name		Category/ Type			
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